

Screen Date \_\_\_\_\_

West Virginia Department of Health and Human Resources  
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) HealthCheck Program Preventive Health Screen

5 and 6 Year Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex:  M  F

Weight \_\_\_\_\_ Height \_\_\_\_\_ BMI \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ Resp \_\_\_\_\_ Temp \_\_\_\_\_ Pulse Ox (optional) \_\_\_\_\_

Allergies  NKDA \_\_\_\_\_

Current meds  None \_\_\_\_\_

Foster Child  Child with special health care needs  IEP/section 504 in place \_\_\_\_\_

Accompanied by  Parent  Grandparent  Foster parent  Foster organization  Other \_\_\_\_\_

**Oral Health**

Date of last dental visit \_\_\_\_\_

Current oral health problems \_\_\_\_\_

Water source  Public  Well  Tested

Fluoride supplementation  Yes  No

Fluoride varnish applied (5 years, apply every 3 to 6 months)

Yes  No \_\_\_\_\_

**Vision Acuity Screen:**

R \_\_\_\_\_ L \_\_\_\_\_

Wears glasses?  Yes  No

**Hearing Screen**

**20 db@**

R ear \_\_\_\_\_ 500HZ R ear \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ

L ear \_\_\_\_\_ 500HZ L ear \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ

Wears hearing aids?  Yes  No

**Developmental**

**Developmental Surveillance** (✓ Check those that apply)

Child can balance on one foot, hops and skips

Child is able to tie a knot, has mature pencil grasp, can draw a person with at least 6 body parts, prints some letters and numbers and is able to copy squares and triangles

Child has good articulation, tells a simple story using full sentences, uses appropriate tenses and pronouns, can count to 10, and names at least 4 colors

Child follows simple directions, is able to listen and attend, and undresses and dresses with minimal assistance

Concerns about child's behavior, speech, learning, social or motor skills \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Immunizations:** Attach current immunization record

UTD  Given, see immunization record  Entered into WVSIIS

**Referrals:**  Developmental

Mental/behavioral health/trauma- [Help4WV.com/1-844-435-7498](http://Help4WV.com/1-844-435-7498)

Dental  Vision  Hearing

Other \_\_\_\_\_

Children with Special HealthCare Needs (CSHCN)

**1-800-642-9704**

\_\_\_\_\_  
**Please Print Name of Facility or Clinician**

\_\_\_\_\_  
**Signature of Clinician/Title**

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**The information above this line is intended to be released to meet school entry requirements**

**Medical History**

Initial Screen  Periodic Screen

Recent injuries, surgeries, illnesses, visits to other providers and/or counselors and/or hospitalizations: \_\_\_\_\_

\_\_\_\_\_

**Family health history reviewed** \_\_\_\_\_

Concerns and/or questions \_\_\_\_\_

**Social/Psychosocial History**

What is your family living situation \_\_\_\_\_

\_\_\_\_\_

Family relationships  Good  Okay  Poor

Do you have concerns about meeting basic family needs daily and/or monthly (food, housing, heat, etc.)?  Yes  No \_\_\_\_\_

Are you and/or your partner working outside home?  Yes  No

Child care/after school care \_\_\_\_\_

How much **stress** are you and your family under **now**?

None  Slight  Moderate  Severe

**What kind of stress?** (✓ Check those that apply)

Relationships (partner, family and/or friends)  School/work

Child care  Drugs  Alcohol  Violence/abuse (physical,

emotional and/or sexual)  Family member incarcerated  Lack of

support/help  Financial/money  Emotional loss  Health

insurance  Other \_\_\_\_\_

\_\_\_\_\_

Child's grade in school \_\_\_\_\_

Favorite subject \_\_\_\_\_

Any problems? \_\_\_\_\_

Activities outside school \_\_\_\_\_

Peer relationships/friends  Good  Okay  Poor

**Risk Indicators** (✓ Check those that apply)

**Child exposed to**  Cigarettes  E-Cigarettes  Alcohol

Drugs (prescription or otherwise) \_\_\_\_\_

Access to firearm(s)/weapon(s)  Has a firearm(s)/weapon(s)

Are the firearm(s)/weapon(s) secured?  Yes  No  NA

Witnessed violence/abuse  Threatened with violence/abuse

Scary experience that your child cannot forget \_\_\_\_\_

Do you utilize a car/booster seat for your child?  Yes  No

Does your child wear protective gear, including seat belts?

Yes  No

Excessive television/video game/internet/cell phone use

**General Health**

Growth plotted on growth chart

BMI calculated and plotted on BMI chart

**Continue on page 2**

School Entry Requirements



**Nutrition/Physical Activity/Sleep**

- Normal eating habits?  Yes  No
- Fruits/Vegetables/Lean protein per day \_\_\_\_\_
- Vitamins \_\_\_\_\_
- Normal elimination \_\_\_\_\_
- Physical activity/exercise an hour most days
- Type of physical activity/exercise \_\_\_\_\_
- Normal sleeping patterns?  Yes  No
- Hours of sleep each night? \_\_\_\_\_

**\*See Periodicity Schedule for Risk Factors**

**\*Anemia Risk (Hemoglobin/Hematocrit)**

- Low risk  High risk

**\*Lead Risk**

- Low risk  High risk

**\*Tuberculosis Risk**

- Low risk  High risk

**\*Dyslipidemia Risk (year 6)**

- Low risk  High risk

**Physical Examination (N=Normal, Abn=Abnormal)**

- General Appearance  N  Abn \_\_\_\_\_
- Skin  N  Abn \_\_\_\_\_
- Neurological  N  Abn \_\_\_\_\_
- Reflexes  N  Abn \_\_\_\_\_
- Head  N  Abn \_\_\_\_\_
- Neck  N  Abn \_\_\_\_\_
- Eyes  N  Abn \_\_\_\_\_
- Ocular Alignment  N  Abn \_\_\_\_\_
- Ears  N  Abn \_\_\_\_\_
- Nose  N  Abn \_\_\_\_\_
- Oral Cavity/Throat  N  Abn \_\_\_\_\_
- Lung  N  Abn \_\_\_\_\_
- Heart  N  Abn \_\_\_\_\_
- Pulses  N  Abn \_\_\_\_\_
- Abdomen  N  Abn \_\_\_\_\_
- Genitalia  N  Abn \_\_\_\_\_
- Back  N  Abn \_\_\_\_\_
- Hips  N  Abn \_\_\_\_\_
- Extremities  N  Abn \_\_\_\_\_

**Possible Signs of Abuse**  Yes  No

Concerns and/or questions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Anticipatory Guidance**

*(Consult Bright Futures, Fourth Edition for further information  
<https://brightfutures.aap.org>)*

**Social Determinants of Health**

- Neighborhood and family violence
- Food security
- Family substance use (tobacco, alcohol, drugs)
- Emotional security and self-esteem
- Connectedness with family

**Developmental and Mental Health**

- Family rules and routines
- Concern and respect for others
- Patience and control over anger

**School**

- Readiness
- Established routines and school attendance
- Friends
- After school care
- Parent -teacher communication

**Physical Growth and Development**

- Oral health (dental visits, brushing and flossing, fluoride, limits on sugar sweetened beverages and snacks)
- Nutrition (healthy weight, vegetable, fruit consumption, calcium and vitamin D intake, healthy foods in school)
- Physical activity (60 minutes per day)

**Safety**

- Car safety
- Outdoor safety
- Water safety
- Sun protection
- Harm from adults (sexual abuse)
- Home fire safety
- Firearm safety

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plan of Care**

**Assessment**  Well Child  Other Diagnosis

**Labs**

- Hemoglobin/hematocrit *(if high risk)*
- Blood lead *(if not completed at 12 and/or 24 months or high risk)*  
*(enter into WVSIIIS)*
- TB skin test *(if high risk)*
- Lipid profile *(year 6, if high risk)*
- Other \_\_\_\_\_

**Referrals**

See page 1, school requirements

**Prior Authorizations**

**For treatment plans requiring authorization, please complete page 3. Contact a HealthCheck Regional Program Specialist for assistance at 1-800-642-9704 or [www.dhhr.wv.gov/healthcheck](http://www.dhhr.wv.gov/healthcheck)**

**Follow Up/Next Visit**  6 years of age  7 years of age

Other \_\_\_\_\_

**Screen has been reviewed and is complete**

**See page 1, school requirements for required signature**